

Work Order ID 57025

March 17, 2010 10:40:21 AM



Page 1

Item ID: D212-664-201

Accept



Setup Start



Revision ID:

Item Name: Crosstube Aft

Stop



Start Date: 17/03/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 05/04/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals:

Process Plan:

PH

Date: *10-3-17*

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Draw Number | Draw Rev. | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|----------------|--------------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|----------------|--------------|--------------|---------------|---------------|------------------|----------------|

Draw Nbr

Revision Nbr

D212-664-241

Rev D

100

0.00



DOCUMENT CONTROL

DC

Memo

0.00

Document Control

Photocopy bluefile and create labels as per PPP D212-664-201 CHG003

7

for LC 10/04/09

110

0.00



Pick Kit

Packaging

Packaging

Memo

0.00

Packaging

DP 10-3-29

120

0.00



BENDING MACHINE - CROSSTUBES

CNC Bend 2

Memo

0.00

CNC Alpha 160 Bender

Bend tube as per Dwg D212-664-241 using CNC bender program 212-af and Folio FT007

CD 10-03-29

B57025

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
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Run Start



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop



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|--------------------------------|--------------------------|----------------------|----------------|--------------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|----------------|--------------|--------------|---------------|---------------|------------------|----------------|

130

QC15- Crosstube Dimensional Check

0.00



QC

Memo

0.00

Quality Control

CP 10-03-29 / S 10/02/29

140



Crosstubes

Crosstubes

Crosstubes

Memo

1-Drill pilot holes in tube as per Dwg D212-664-241 using drill Jig DT8550 & DT8551

2-Ream hole to finish size in tube as per Dwg D212-664-241 using drill Jig DT8550 & DT8551. Check dimensions between holes, both sides on both cuffs, to ensure alignment with saddle holes.

3-Deburr & Inspect for surface damage. Repair damage within limits as per Dwg D212-664-241

4-Scribe part # and batch # using vibrating stylus as per Dwg D212-664-241

mb 10-03-30
mb 10-03-30

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Run Start



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop



| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Draw Number | Draw Rev. | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---|----------------------|----------------|--------------|--------------|---------------|---------------|------------------|----------------|
| 150 HandFXtube | Crosstubes Chemical Conversion | 0.00 | | | | | | | |
| Hand Finishing Crosstubes | Memo Chemical Conversion Coat as within 24 hours of bending and drilling | 0.00 | | | | (1K) | CB | MB | 10-03-30 |
| 160 QC | QC3- Inspect Part Finish | 0.00 | | | | | | | |
| Quality Control | Memo | 0.00 | | | | | | | 8 10/17/31 |
| 170 QC | QC5- Inspect part completeness to step on W/O | 0.00 | | | | | | | |
| Quality Control | Memo | 0.00 | | | | (40) | | | 8 10/17/31 |

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Start Date: 17/03/2010 Start Qty: 1.00

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Customer:



Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Draw Number | Draw Rev. | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--|--|----------------------|----------------|--------------|--------------|---------------|---------------|------------------|----------------|
| 210  SprayPaint | Spray Painting per QSI005 4.2 SprayPaint | 0.00 | | | | <u>ml</u> | <u>10</u> | <u>04</u> | <u>07</u> ① |
| | Memo | 0.00 | | | | | | | |
| | 1-Prime inside and outside crosstube as per QSI 005 4.2 2-Paint outside crosstube with White Imron as per QSI 005 4.2 | | | | | | | | |
| | PRIME: Start Time: <u>8:30</u> Finish Time: <u>9:30</u> | | | | | | | | |
| | PAINT: Start Time: <u>2:00</u> Finish Time: <u>3:00</u> | | | | | | | | |
| 220  QC | QC14- Inspect Spray Paint | 0.00 | | | | | | | |
| | Memo | 0.00 | | | | | | | |
| | Then, Wrap in plastic bag to protect from scratches | | | | | | | | |

85 10-04-08

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
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Item Name: Crosstube Aft

Stop



Start Date: 17/03/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 05/04/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop



| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Draw Number | Draw Rev. | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|----------------|--------------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|----------------|--------------|--------------|---------------|---------------|------------------|----------------|

230



Crosstubes

Crosstubes

0.00

Memo

0.00

1- Lightly scuff the bonded area using a 320 grit sand paper and clean the area with 41058 wash 'n' wipe

2-Install supports with magnobond as per QSI 015 Adhere for for 12 Hrs

A/R 6398 Magnobond Batch: 114021

Expiry Date: 11/01/28

3-Install clamps as per Dwg D212-664-241. Torque clamps to 80-100 in lb.

→ 810409 (X)

240



QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

Memo

0.00

1 _____ 160407

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
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Start Date: 17/03/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 05/04/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run HoursDraw
NumberDraw
Rev.Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

250

Pick Kit

0.00



Packaging

Memo

0.00

Packaging

1644/9

260

QC4- 100% Inspect kits for completeness

0.00



QC

Memo

0.00

Quality Control

1 100409

270

Packaging

0.00



Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D212-664-201

1644/9 (1)

| W/O: | | WORK ORDER CHANGES | | | | | |
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Start Date: 17/03/2010 Start Qty: 1.00



Cust Item ID:

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Customer:

Reference:

Approvals:

Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start



QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run HoursDraw
NumberDraw
Rev.Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

280

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

10.04.09

10.04.09

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
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NOTE: Date & initial all entries

Picklist Print

March 17, 2010 10:40:25 AM

Page 1

Work Order ID: 57025

Parent Item: D212-664-201

Parent Item Name: Crosstube Aft

Comments: IPP Rev:E 04.02.16 Reformat K/DS
 IPP Rev:F 06-03-29 Remove Coments on Pick List JLM
 IPP Rev:G 07-04-30 As per Rev C JLM
 IPP Rev:H 08-05-22 up date Qty of rubber cushion DD verified by:EC

Start Date: 17/03/2010

Required Date: 05/04/2010

Start Qty: 1.00

Required Qty: 1.00

D212-664-201TRN Manufactured No 110 Each 3.0000 1.0000



Crosstube Turning Detail

Warehouse Loc Qty Loc Code

Location

Main Warehouse

FG

3

46386

1

53559

1

53560

1

D3595-063-530 Manufactured No 230 Each 132.0000 2.0000



RUBBER CUSHION

Warehouse Loc Qty Loc Code

Location

Main Warehouse

ST

132

40780

2

44998

2

50030

24

51776

104

DD 10-3-29

MA 10 04 08

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
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Work Order ID: 57025



Parent Item: D212-664-201



Parent Item Name: Crosstube Aft

Start Date: 17/03/2010

Required Date: 05/04/2010

Comments:

IPP Rev:E 04.02.16 Reformat K/DS

Start Qty: 1.00

Required Qty: 1.00

IPP Rev:F 06-03-29 Remove Coments on Pick List JLM

IPP Rev:G 07-04-30 As per Rev C JLM

IPP Rev:H 08-05-22 up date Qty of rubber cushion DD verified by:EC

D2940-1

Manufactured No

230

Each

47.0000

2.0000



Support

Warehouse

Loc Qty

Loc Code

Location

Main Warehouse

ST

47

24367

4

25594

2

45203

1

47748

20

52752

20

M 10, 04. 08

2

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
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 IPP Rev:F 06-03-29 Remove Coments on Pick List JLM
 IPP Rev:G 07-04-30 As per Rev C JLM
 IPP Rev:H 08-05-22 up date Qty of rubber cushion DD verified by:EC

Start Date: 17/03/2010

Required Date: 05/04/2010

Start Qty: 1.00

Required Qty: 1.00

MS21920-28 Purchased No 230 Each 154.0000 4.0000



Clamp(per MIL-DTL-8783C)

Warehouse Loc Qty Loc Code

Location

OFFSHORE

FG 5

105884 5

Main Warehouse

LG 149

106864 5

108466 9

108847 7

109181 14

109965 2

111281 2

111734 6

112624 4

112863 50

113776 50

m/ 10.04.08

D3428-1



Placard

Manufactured No

250 Each 18.0000 1.0000



14/3/10

Warehouse Loc Qty Loc Code

Location

Main Warehouse

ST056 18

55565 18

55565

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Shop Packet Print

Page 3

| W/O: | | WORK ORDER CHANGES | | | | | |
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Parent Item Name: Crosstube Aft

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 IPP Rev:F 06-03-29 Remove Coments on Pick List JLM
 IPP Rev:G 07-04-30 As per Rev C JLM
 IPP Rev:H 08-05-22 up date Qty of rubber cushion DD verified by:EC

Start Date: 17/03/2010

Required Date: 05/04/2010

Start Qty: 1.00

Required Qty: 1.00

MS21042L6

Purchased

No

250

Each

350.0000

6.0000



Nut

Warehouse

Loc Qty

Loc Code

Location

Main Warehouse

ST300

350

105077

22

110002

5

111578

323

AN960JD616

Purchased

No

250

Each

279.0000

18.0000



Washer

Warehouse

Loc Qty

Loc Code

Location

Main Warehouse

ST347

279

112314

3

112828

1

113149

275

| W/O: | | WORK ORDER CHANGES | | | | | |
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Start Qty: 1.00

Required Qty: 1.00

IPP Rev:F 06-03-29 Remove Coments on Pick List JLM

IPP Rev:G 07-04-30 As per Rev C JLM

IPP Rev:H 08-05-22 up date Qty of rubber cushion DD verified by:EC

AN6-40A

Purchased

No

250

Each

102.0000

4.0000



Bolt

Warehouse

Loc Qty

Loc Code

Location

Main Warehouse

ST343

102

112612

1

112679

1

112828

50

113422

50

AN6-41A

Purchased

No

250

Each

92.0000

2.0000



Bolt

Warehouse

Loc Qty

Loc Code

Location

Main Warehouse

ST344

92

112489

17

112805

25

113288

50

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

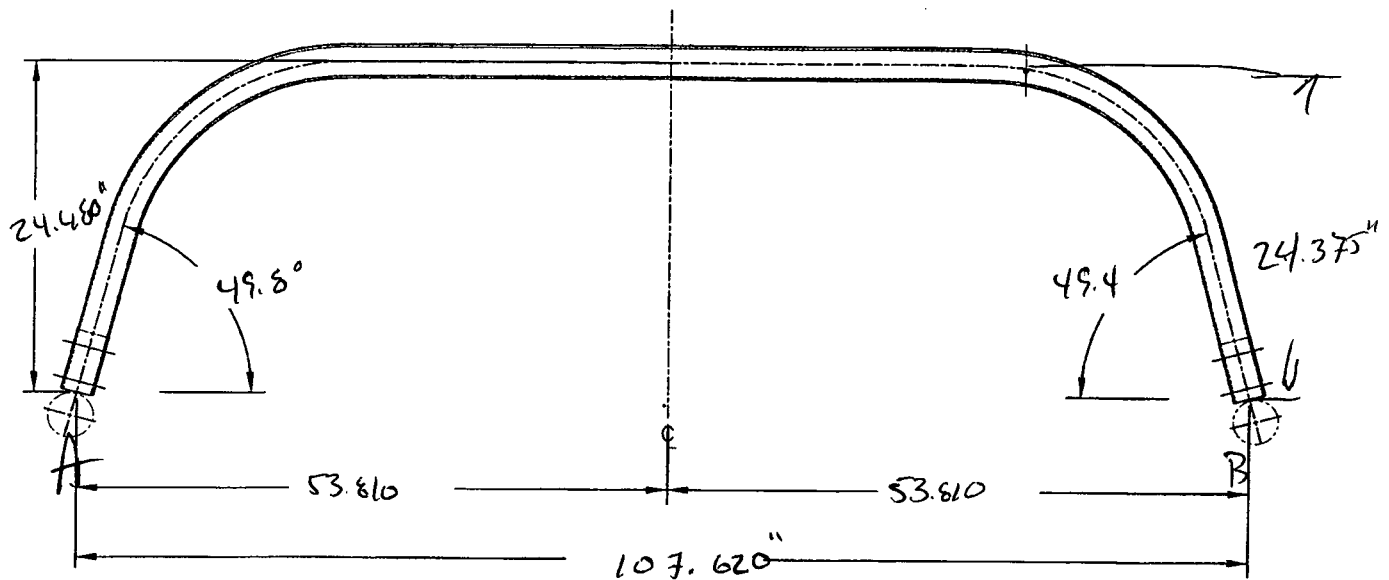
Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC Section A | Corrective Action Section B | | | Verification Section C | Approval Chief Eng | Approval QC Inspector |
| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
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NOTE: Date & initial all entries

| | | | |
|---|---------|--------------|--------------|
| DART AEROSPACE LTD | | Work Order: | 57025 |
| Description: Crosstube High Aft (205/212) | | Part Number: | D212-664-201 |
| Inspection Dwg: D212-664-241 | Rev: PD | Page 1 of 1 | |

| Required Dimension | Min | Max |
|--------------------|--------|--------|
| Height | 24.17 | 24.43 |
| 1/2 Span | 53.59 | 53.85 |
| Angle | 49 | 52 |
| Total Span | 107.18 | 107.70 |



| Comments |
|---|
| High on one side. Acceptable. CP 10.03.29 |
| |
| |

| | |
|-----------------|----------|
| QC15 Inspection | S |
| Date | 10/03/29 |

| Rev | Date | Change | Revised by | Approved |
|-----|----------|-----------------------------------|------------|----------|
| A | 07.02.06 | New Issue | KJ/JM | |
| B | 07.05.08 | Dimensions updated per Dwg rev. C | KJ/JLM | |

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
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| DATE | STEP | Description of NC Section A | Corrective Action Section B | | | Verification Section C | Approval Chief Eng | Approval QC Inspector |
| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
| | | | | | | | | |
| | | | | | | | | |
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NOTE: Date & initial all entries

| Item | Qty -241 | Qty -241B | Part Number | Description |
|------|-------------|--------------|----------------|---|
| 1 | X | | D212-664-241 | CROSSTUBE ASSEMBLY (205/212 HIGH AFT) |
| 2 | | X | D212-664-241B | CROSSTUBE ASSEMBLY (214 HIGH AFT) |
| 3 | 1 | 1 | D6006-129 | CROSSTUBE |
| 4 | 2 | 2 | D2940-1 | SUPPORT |
| 5 | 4 | 4 | D3595-063-530 | RUBBER CUSHION |
| 6 | 4 | 4 | MS21920-28 | CLAMP (OR MS21920-30) |
| 7 | A/R | A/R | MAGNOBOND 6398 | ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE) |

GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6006-129
FINISHED LENGTH = 124.362±0.020
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D212-664-XXX" AND BATCH NUMBER ON INSIDE OF CUFF
USING VIBRATING STYLUS.
- 7) WEIGHT: D212-664-241 = 44.2 lbs (PER IIN-D212-664)
D212-664-241B = 44.2 lbs (PER IIN-D212-664)
- 8) PART IS SYMMETRIC ABOUT CENTERLINE.
- 9) RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY, TRANSITION SHOULD BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 5 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING
IS 6% BASED ON O.D.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2940-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE
OF D2940-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS
AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 13) INSTALL MS21920-28 CLAMPS (OR -30) WITH D3595-063-530 RUBBER CUSHIONS TO SECURE THE D2940-1
SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE OF CROSSTUBE
SUPPORT.
- 14) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE
SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR
DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND
MARKS ARE UNACCEPTABLE.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT
HAS NOT BOTTOMED-OUT AFTER TORQUING.

SHAW-WORTH
FURNISHED TO
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 57025
Bf-0-317

RELEASED
R 2009-10-29
WJ

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|------------|---|--|--------------|
| D | REFORMAT/REVISE GENERAL NOTES/PART LIST; REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS; ADD -241B (ZN D4-2, B4-2); REMOVED REF & ADD TOLERANCES (ZN D8-3 & C4-3, C6-3 & A8-3); RELOCATED FLAG #6 PER PAR 08-046 (ZN A5-3); MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4 | RF | 09.09.30 |
| C | REMOVE -1009 ABRASION STRIP; ADD MAGNOBOND 6398, CUSHION, REVERSE CLAMPS | PH | 07.03.08 |
| B | ADD HOLES FOR COMPATABILITY WITH BHT/AA SKIDTUBES | PH | 05.02.04 |
| A | NEW ISSUE | PH | 00.12.12 |
| REV. | DESCRIPTION | BY | DATE |
| DESIGN | PH | DART AEROSPACE LTD | |
| DRAWN | RF | HAWKESBURY, ONTARIO, CANADA | |
| CHECKED | PH | DRAWING NO. | REV. D |
| MFG. APPR. | PH | D212-664-241 | SHEET 1 OF 4 |
| APPROVED | PH | TITLE | SCALE |
| DE APPR. | PH | CROSSTUBE ASS'Y (205/212 HI AFT) | NTS |
| DATE | 09.09.30 | COPYRIGHT © 2000 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. | |

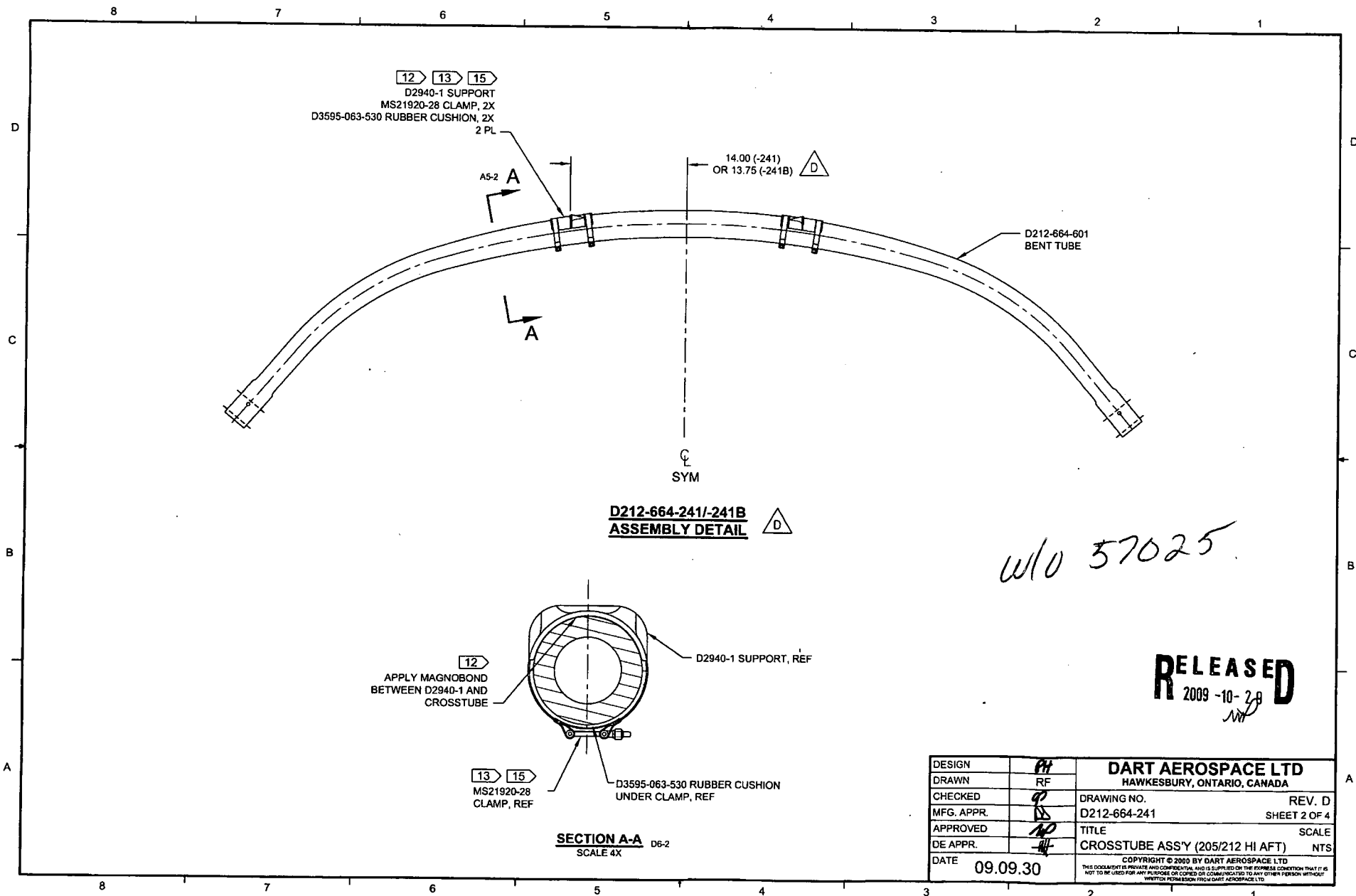
| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
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Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
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NOTE: Date & initial all entries



| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
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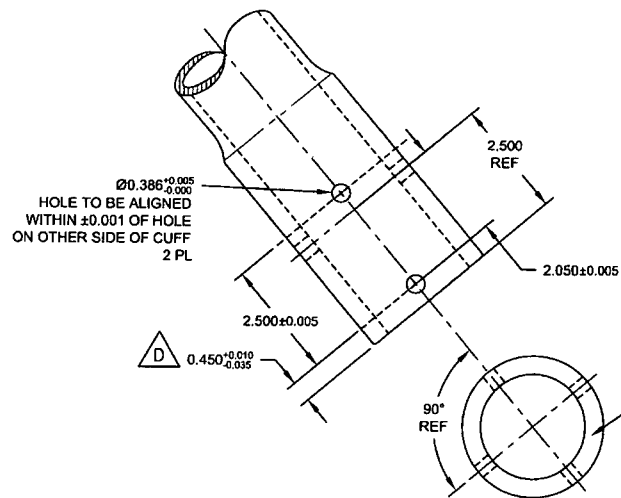
Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

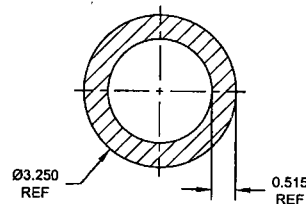
| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
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| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
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NOTE: Date & initial all entries

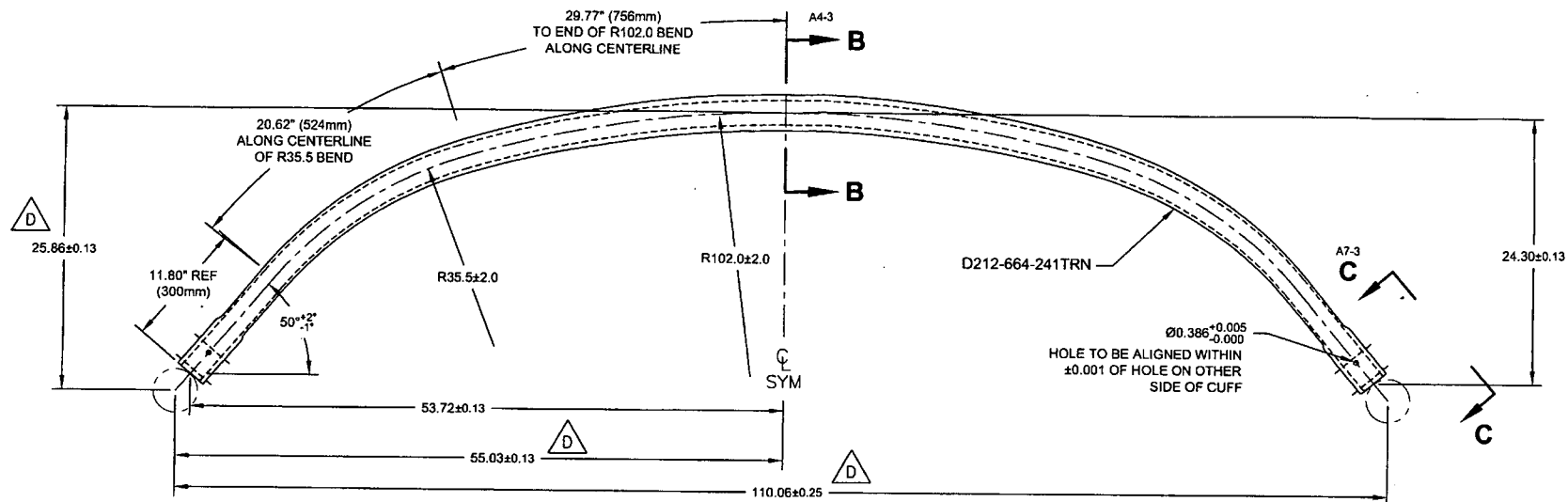
D212-664-601 10 D
BENDING AND DRILLING DETAIL



VIEW C-C: CUFF DETAIL D2-3
 SCALE 3X



SECTION B-B D4-3
 SCALE 4X



ulo 57025

RELEASED
 2009-10-29

| | | | |
|------------|-----------|---|--------------|
| DESIGN | <i>PH</i> | DART AEROSPACE LTD | |
| DRAWN | <i>RF</i> | HAWKESBURY, ONTARIO, CANADA | |
| CHECKED | <i>Q</i> | DRAWING NO. | REV. D |
| MFG. APPR. | <i>JS</i> | D212-664-241 | SHEET 3 OF 4 |
| APPROVED | <i>JP</i> | TITLE | SCALE |
| DE APPR. | <i>JP</i> | CROSSTUBE ASS'Y (205/212 HI AFT) | NTS |
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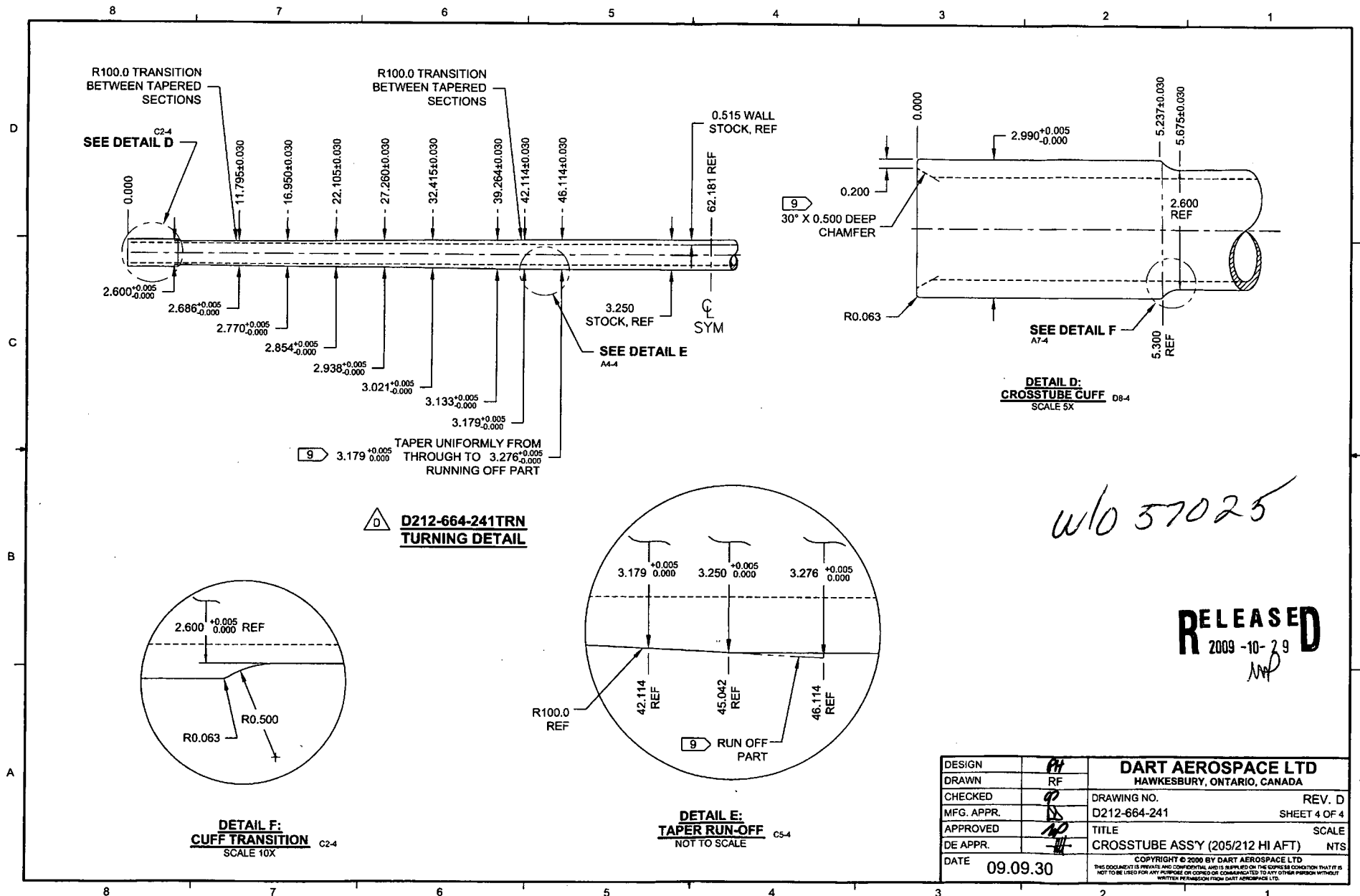
| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
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Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries



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|------------|----------|--|--------------|
| DESIGN | PH | DART AEROSPACE LTD | |
| DRAWN | RF | HAWKESBURY, ONTARIO, CANADA | |
| CHECKED | 9 | DRAWING NO. | REV. D |
| MFG. APPR. | DS | D212-664-241 | SHEET 4 OF 4 |
| APPROVED | 10 | TITLE | SCALE |
| DE APPR. | 11 | CROSSTUBE ASS'Y (205/212 HI AFT) | NTS |
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| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
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Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries



LIQUID PENETRANT TEST REPORT

P- 15321

PAGE 1 OF 1

CLIENT DART Aerospace DATE APR 6-2010 TIME AM ☒ PM ☐
ATTENTION LINDA / CHAN TEL ACUREN JOB NO. 188-10-0743
ADDRESS 1270 ABELDEN ST. POWO No. ---
HAWKES BURY ON. KGH 4K7 WORK LOCATION UAW - HAWKESBURY
ACCEPTANCE STD. ASTM 1417 REV./DATE 2007
PROJECT F.P.I. ON CROSS TUBES
ITEM(S) EXAMINED 4 Pcs

JOB DESCRIPTION WET FLOW RESCENT LIQUID PENETRANT PROCEDURE NO. LT-5002 REV./DATE --- TECHNIQUE NO. LT-1417.2 REV./DATE ---
PART NO. --- MATERIAL ALC DINE ALUMINUM THICKNESS ---
SCOPE INSPECTION CARRIED OUT 100% EXTERNAL

TEST DETAILS
METHOD ☒ FLUORESCENT ☐ VISIBLE ☒ WATER WASH ☐ SOLVENT REMOVABLE ☐ POST EMULSIFIED
FAMILY BRAND MAGNA FLUX BLACK LIGHT S/N 16459 ☐ OUTPUT > 1000 μ W/cm² ☐ AMBIENT < 2 fc
PENETRANT 2 LG7 MINIMUM DWELL TIME 45 MIN. LIGHTING EQUIP. ☐ FLASHLIGHT ☐ TROUBLELIGHT ☐ OUTPUT > 100 fc @ SURFACE
PENETRANT REMOVER H2O MINIMUM DRY TIME >10 MIN. OTHER LAB NO
DEVELOPER SKD 52 MINIMUM DWELL TIME 10 MIN. LIGHT METER S/N 1098866 CAL DUE DATE 11/9/7-2010
DEVELOPER TYPE ☒ NON AQUEOUS ☐ AQUEOUS ☐ DRY

TEST SURFACE
SURFACE CONDITION ☐ AS GROUND ☐ AS WELDED ☒ MACHINED ☐ SHOT BLASTED ☐ CLEAN BARE METAL
SURFACE TEMPERATURE ☐ < -4°C/ 20°F ☐ -4°C/ 20°F TO 10°C/ 50°F ☒ 10°C/ 50°F TO 52°C/ 125°F ☐ > 52°C/ 125°F

RESULTS- ☐ METRIC ☐ IMPERIAL

1 CROSS TUBE - W.O. 56769 ✓
1 CROSS TUBE - W.O. 56768 ✓
1 CROSS TUBE - W.O. 57025 ✓
1 CROSS TUBE - W.O. 57024 ✓

8
6/4/09

Scope of Services

The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care

In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES

CLIENT REPRESENTATIVE Michael Miodetti PRINT Michael Miodetti SIGNATURE DTR # E-27374
TECHNICIAN (SIGNATURE): Mike Johnson REPORT REVIEWED BY:
NAME (PRINT): Mike Johnson NAME INITIALS
1ST TECHNICIAN 2ND TECHNICIAN
CGSB LEVEL II SNT LEVEL --- CGSB LEVEL --- SNT LEVEL ---
CGSB REG. NO. 6066 CGSB REG. NO. ---

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CANARY - OFFICE COPY

PINK - TECHNICIAN COPY

GOLD - OFFICE COPY



LIQUID PENETRANT TEST REPORT

P- 15321

| | | | | | | | | |
|------------------|--|-----------------|-------------|---------------|-------------------|-------------------------------------|----|--------------------------|
| CLIENT | DART Aerospace | DATE | APR 6-2010 | PAGE | 1 | OF | 1 | |
| ATTENTION | LINDA / CHAN TEL | ACUREN JOB No. | 188-10-0743 | TIME | AM | <input checked="" type="checkbox"/> | PM | <input type="checkbox"/> |
| ADDRESS | 1270 ABERDEEN ST. HAWKES BURY CN. KGH 4K7 | PO/VO No. | 11593 | WORK LOCATION | DAW - HAWKES BURY | | | |
| PROJECT | F.P.I. ON | ACCEPTANCE STD. | ASTM 1417 | REV./DATE | 2007 | | | |
| ITEM(S) EXAMINED | CROSS TUBES 4 PCS | | | | | | | |

| | | |
|-----------------|--|----------------------------------|
| JOB DESCRIPTION | PROCEDURE No. LT-002 REV./DATE | TECHNIQUE No. LT-124.2 REV./DATE |
| PART NO. | MATERIAL ALUMINUM THICKNESS | |
| SCOPE | WET FLUORESCENT LIQUID PENETRANT INSPECTION CARRIED OUT 100% EXTERNAL | |

| | |
|--|---|
| TEST DETAILS | |
| METHOD | <input checked="" type="checkbox"/> FLUORESCENT <input type="checkbox"/> VISIBLE |
| FAMILY BRAND | MAGNA FLUX |
| PENETRANT | 2 LG7 MINIMUM DWELL TIME 45 MIN. |
| PENETRANT REMOVER | H2O MINIMUM DRY TIME >10 MIN. |
| DEVELOPER | SKD 52 MINIMUM DWELL TIME 10 MIN. |
| DEVELOPER TYPE | <input checked="" type="checkbox"/> NON AQUEOUS <input type="checkbox"/> AQUEOUS <input type="checkbox"/> DRY |
| WATER WASH <input checked="" type="checkbox"/> SOLVENT REMOVABLE <input type="checkbox"/> POST EMULSIFIED | |
| BLACK LIGHT S/N 16459 <input type="checkbox"/> OUTPUT > 1000 μ W/cm ² <input type="checkbox"/> AMBIENT < 2 fc | |
| LIGHTING EQUIP. <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT <input type="checkbox"/> OUTPUT > 100 fc @ SURFACE | |
| OTHER LAB NO | |
| LIGHT METER S/N 1098866 CAL DUE DATE | |
| MAY 7 - 2010 | |

| | |
|---------------------|--|
| TEST SURFACE | |
| SURFACE CONDITION | <input type="checkbox"/> AS GROUND <input type="checkbox"/> AS WELDED <input checked="" type="checkbox"/> MACHINED <input type="checkbox"/> SHOT BLASTED <input type="checkbox"/> CLEAN BARE METAL |
| SURFACE TEMPERATURE | <input type="checkbox"/> < -4°C/ 20°F <input type="checkbox"/> -4°C/ 20°F TO 10°C/ 50°F <input checked="" type="checkbox"/> 10°C/ 50°F TO 52°C/ 125°F <input type="checkbox"/> > 52°C/ 125°F |

RESULTS- (☐ METRIC ☐ IMPERIAL)

1 CROSS TUBE - W.O. 56769 ✓

1 CROSS TUBE - W.O. 56768 ✓

1 CROSS TUBE - W.O. 57025 ✓

1 CROSS TUBE - W.O. 57024 ✓

10-04-07

Scope of Services

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SIGNATURES

| | | | | |
|-------------------------|----------------------------|---------------|----------------------------|----------|
| CLIENT REPRESENTATIVE | PRINT | SIGNATURE | DTR # | E-27374 |
| TECHNICIAN (SIGNATURE): | M.KE Johnson | | REPORT REVIEWED BY: | |
| NAME (PRINT): | M.KE Johnson | | NAME | INITIALS |
| CGSB LEVEL | 1 st TECHNICIAN | CGSB LEVEL | 2 nd TECHNICIAN | |
| CGSB REG. NO. | 6066 | CGSB REG. NO. | | |

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